

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2003 8:00 am
Secretary of State

06-20-2003 90030 021 *****61.25

DOCUMENT # 770432

1. Entity Name

NEVERTHELESS... MINISTRIES INC.



Principal Place of Business

**1700 S. SAN PABLO RD.
APT. 417
JACKSONVILLE FL 32224
US**

Mailing Address

**1700 S. SAN PABLO RD.
APT. 417
JACKSONVILLE FL 32224
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2337080**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLMAN, DEBORAH E
1700 S. SAN PABLO RD.
APT. 417
JACKSONVILLE FL 32224**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
CHASTANG, VICKI
11760 MARCO BEACH DR. STE. 10
JACKSONVILLE FL 32224**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
HOLMAN, DEBORAH E
1700 S. SAN PABLO RD #417
JACKSONVILLE FL 32224**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
MORRIS, ROCKWELL
1755 LOQUAT LANE
JACKSONVILLE FL 32246**

☐ Delete

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah E. Holman, Pres. 6-18-03 904-344-3444

CR2E037 (10/02)